DILI was 4.7% (2 patients). 36 patients (84%) had complete resolution of hepatitis. Rechallenge by both ATS and BTS guidelines had similar successful rechallenge rates.

Conclusion: The incidence of anti-tubercular DILI was 9.7%. The study suggests that the combination of risk factors of extensive TB disease, HIV infection and undernutrition increase the vulnerability to DILI particularly with daily TB treatment regimen, emphasizing the role of acquired risk factors in the development of DILI. The predictive scoring system proposed from our study needs to be validated by a well designed prospective study.

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Type: Poster Presentation

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Session: Poster Session III
Date: Saturday, March 5, 2016
Time: 12:45-14:15
Room: Hall 3 (Posters & Exhibition)

Thyroid tuberculosis: report of a case and review of literature

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Background: thyroid tuberculosis is a rare disease, this is the probably the polymorphic clinical presentation and confusing with other thyroid diseases including cancer and thyroid hemorrhagic cysts.

Ultrasound is currently a diagnostic and monitoring means, and treatment based on the use of anti-TB first to follow a non-treatment of associated endocrinopathy.

its diagnosis is often delayed, responsible for a significant morbidity and mortality.

The objective of the study was to describe the clinical, radiological signs that should prompt clinicians to watch for the disease.

Methods & Materials: this is a young man of 38 years without medical history including no history of pulmonary or extrapulmonary tuberculosis or TB contagion, admitted to Department of Infectious and Tropical Diseases in support of a retroviral infection confirmed HIV1 revealed by prolonged fever and cervical lymphadenopathy associated with poly encrypted to 12kg weight loss in two months, the clinical picture worsened by the appearance of headache and dizziness.

Results: the diagnosis was retained before the removal of casein and AFB to FNA of cervical lymphadenopathy fine needle and suspicion on the location thyroïdiennede tuberculosis before the tremor of the extremities, and cervical ultrasound is made objectifying an echo heterogeneous structure thyroid nodules seat 3, heterogeneous hypoechoic with multiple bilateral carotid jugular lymph nodes.

osteoarticular realized before pancytopenia biopsy shows tuberculoid granuloma with caseous necrosis and diagnosis of tuberculous multifocal gonglionnaire location and hématopoeitique confirmed, thyroid and lung porobable is retained.

an assay was 0.58mUI TSHus / l (normal rate), but the dosage of T3et T4 was not made fault of lack of means.

The antibacillaire treatment is started according to the protocol 2RHZE / 4RH with good clinical course.

Conclusion: Thyroid tuberculosis is a rare entity but should be considered in the differential diagnosis of cervical masses.

FNA or fine-needle biopsy guided diagnostic procedures are safe and inexpensive, that can prevent the use of unnecessary thyroidectomy.

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Trend of multidrug resistance extra pulmonary tuberculosis cases presenting to a teriary care hospitals in Northern part of India

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Background: The emergence and spread of multidrug-resistant tuberculosis (MDR-TB) is a major public health problem in India. Extra pulmonary tuberculosis (EPTB) among MDR-TB is contributing to the burden of disease and does not receive specific attention in international control strategies. The aim of this study is to investigate trends and patterns of MDR-TB from clinical isolates from EPTB cases in Northern India.

Methods & Materials: A total of 1206 specimens were processed from patients suspected of of having EPTB with varied presentation. Specimens were processed by Ziehl Neelson staining, BacT/ALERT 3D culture, identification of *Mycobacterium tuberculosis* complex (MTBC) by IS6110-PCR. First line drug susceptibility testing was performed by 1% proportional method by BacT/ALERT 3D system. MDR-TB isolates were further characterized by GenoType® MTBDRplus assay.

Results: Specimens from 260 (21.5%) cases were culture positive for mycobacteria. Of these 192 (73.8%) were *M. tuberculosis* complex isolates Of these 78 (41.6%) strains were resistance to one or more antitubercular drug. MDR-TB resistance by phenotypic method was obtained in 28 (14.5%) cases. However 28 (14.5%) strains were confirmed MDR-TB by genotypic method. The most prominent mutations in *rpoB*, *katG* and *inhA* genes were 78% in S531L, 95% in S315T1, and 21% in C15T region respectively ($p < 0.05$).

Conclusion: The high prevalence of MDR-TB among EPTB cases is obtained in this region of India. 78% in S531L and 95% in S315T1 were most prominent mutation patterns in MDR-TB cases. Early recognition of of MDR strain by molecularmethod can help in minimizing the risk of further resistance and limits spread of drug-resistant strains

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